

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09 77 46 31	FILING DATE	02-05-01
APPLICANT(S)			

CLAIMS

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
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TOTAL IND.	3					
TOTAL DEP.	9	↔	↔	↔		
TOTAL CLAIMS	12					

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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TOTAL IND.		↔		
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS				

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